ANNUAL REPORT

1987-88

ROSETOWN HEALTH REGION #7

ROSETOWN HEALTH REGION - ANNUAL REPORT 1987-1988

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DIRECTOR OF SUPPORT SERVICES REPORT

Since assuming the position as Director of Support Services for both the Rosetown and Saskatoon Rural Health Regions, I have many regional personnel to thank.

I extend a special thanks to Jean Porter who was Acting Officer-in-Charge until mid-January, 1988. Thank you Jean for a job well done!

Sincere thanks are expressed to all the Program Managers and field staff for their dedication and commitment to providing top calibre health services to the public within the boundaries of the Rosetown Health Region. I would also like to thank Dr. Paul Schnee (Medical Health Officer/Regional Director from the North Battleford Health Region) for his advice, guidance and consultation.

Lloyd Onishenko

I wish to express a very special thank you to Jean Israel (Senior Steno) the "quarterback of the office" and her staff for their co-operation and courtesy extended to me. We are very grateful for your knowledge and professionalism. Keep up the good work.

Now it is with pleasure that I hereby present the 1987/88 "Annual Report" for the Rosetown Health Region on behalf of all the staff.

Some general highlights for the fiscal year should be noted at this time:

- With Government fiscal restraints more evident this past year, there was a reduction of staff in all regions, either by regular retirement, resignations or as a result of the Early Retirement Program. This region lost its Regional Director, Senior Public Health Inspector, Nutritionist, Speech Language Pathologist, a Public Health Nurse, and currently has a part-time Clerk Typist vacancy in Kindersley.

- An addition to our staff was Miss Judy Weisbrod (Community Therapist) who started last October in Kindersley, and Cynthia Ostafie (Dental Health Educator) who started last September (stationed in Saskatoon but, on the Rosetown staff roster).

- With the downsizing of the civil service, twinning became more evident between Saskatoon and Rosetown. Currently, the following staff are providing services to the Rosetown Health Region from Saskatoon: Bill Wright (Senior Public Health Inspector); Johanna Bergerman (Nutritionist); Cameron Barr (Early Childhood Psychologist); Cynthia Ostafie (Dental Health Educator); Colleen Kells (Speech Language Pathologist) on a reduced basis; and this writer, Lloyd Onishenko (Director of Support Services)

- It should be noted that Dr. Nick Perry (Chiropodist) and Sydney Steer (Certified Nursing Assistant) are providing services to the Saskatoon Health Region for four days per month.

- Another highlight was the change in the Saskatchewan Aids to Independent Living (SAIL) program which transferred mobility aids from Community Health Services Branch to the Saskatchewan Abilities Council last fall. Each region has now become a depot for SAIL respiratory equipment which has added an extra burden to the nursing staff.

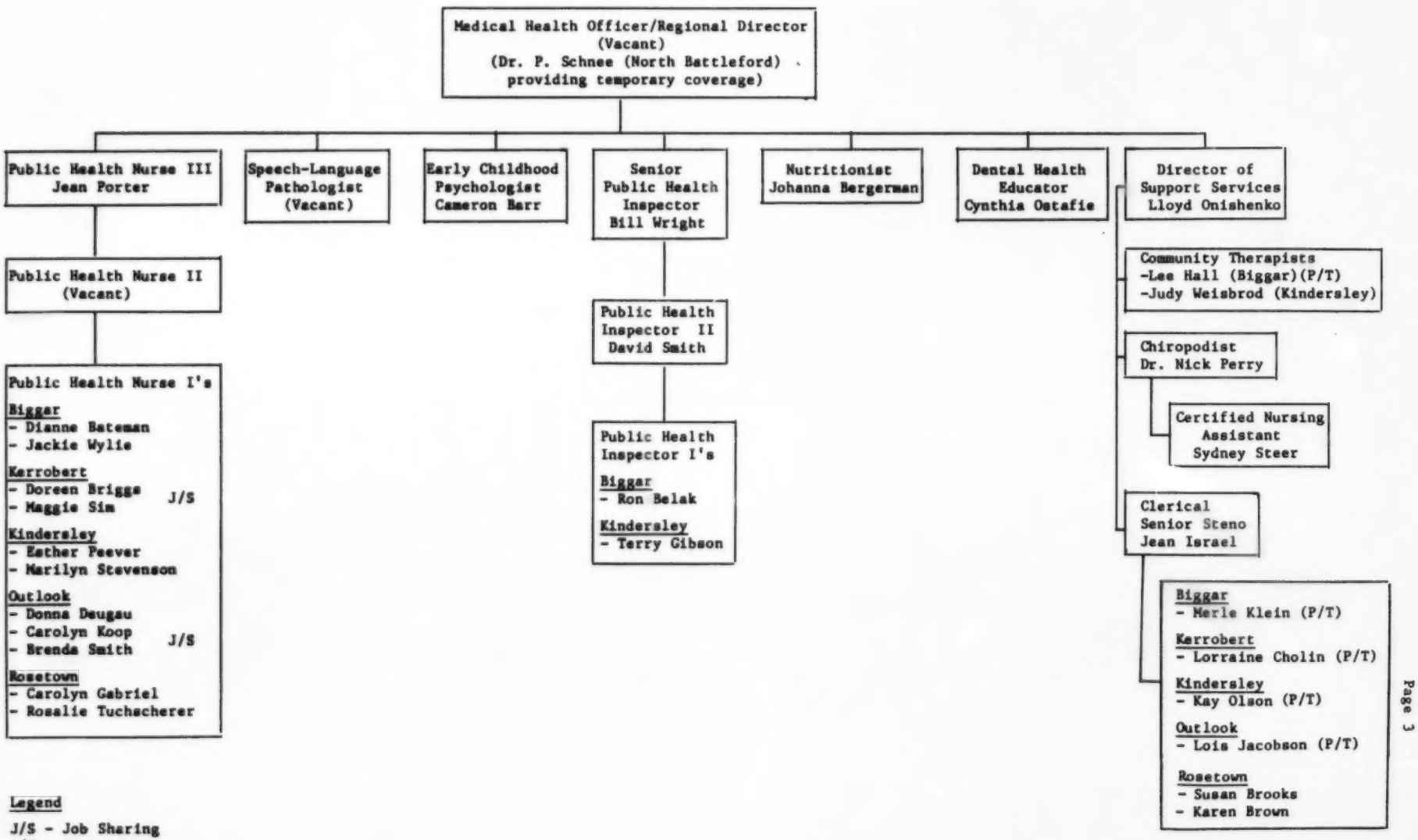
- With increased concern about AIDS (Acquired Immune Deficiency Syndrome) volunteers (resource speakers) were trained to give presentations to community groups at large. Public Health Nurses have also been involved in several presentations to the general public, health care personnel and school groups.

In closing, I would like to thank Harry de Slegte, Board Chairman, and the Regional Board of Health for their concern and commitment to better health care in the region along with the help of Municipal Health Representatives.

Finally, I would like to thank all staff members for their loyal commitment, excellence, professionalism, and overall performance in very uncertain times. You have overcome all obstacles and have done a tremendous job and should be very proud of your achievement.

COMMUNITY HEALTH SERVICES BRANCH

Regional Structure (March 31, 1988)



Legend

J/S - Job Sharing
P/T - Part-time

REGIONAL BOARD MEMBERS

1987-1988

HEALTH DISTRICT NO. 1

Harry de Slegte
Box 483
ELROSE, Sask.
S0L 0Z0

Phone: 378-2205

Anna Bechard
Box 367
ROSETOWN, Sask.
S0L 2V0

Phone: 882-3262

HEALTH DISTRICT NO. 2

Lorraine Grondin
Box 267
BIGGAR, Sask.
S0K 0M0

Phone: 948-2679

Betty Bateman
Box 23
KELFIELD, Sask.
S0K 2C0

Phone: 932-4967

HEALTH DISTRICT NO. 3

Linda Dagg
Box 175
BROCK, Sask.
S0L 0H0

Phone: 379-2058

Marjorie Woodley
Box 26
KERROBERT, Sask.
S0L 1R0

Phone: 834-2429

HEALTH DISTRICTS - MUNICIPAL HEALTH REPRESENTATIVES
(As of March 31, 1988) (*Indicates Board Member)

HEALTH DISTRICT #1

MUNICIPALITY	REPRESENTATIVE	MUNICIPALITY	REPRESENTATIVE
Elrose	*Harry de Slegte	Plato	Vacant
Kyle	Dave Bottorff	Sovereign	Donna Jackson
Outlook	Wil Helkenberg	Wiseton	Iris Turner
Rosetown	Signa Gilchrist	Coteau Beach	Willard Kallio
Zealandia	Louise MacDonald	R.M. #225	Brenda Hall
Beechy	Keith Andrews	R.M. #226	Ian Esson
Birsay	Marshall Coviello	R.M. #228	Helen Miller
Bounty	Kay Logan	R.M. #255	Jorgen Odegard
Broderick	Mary Lou Herron	R.M. #256	Jean Kallio
Conquest	Randy Lemon	R.M. #257	Karin Sothmann
Dinsmore	Yvonne Arntsen	R.M. #284	Aldrich Solnicka
Glenside	Dorothy Rosa	R.M. #285	Don Clark
Lucky Lake	Alvin Holbird	R.M. #286	Ruth Jensen
Macrorie	Norman Cooper	R.M. #287	*Anna Bechard
Milden	Marie Kleven	R.M. #288	William Stables

HEALTH DISTRICT #2

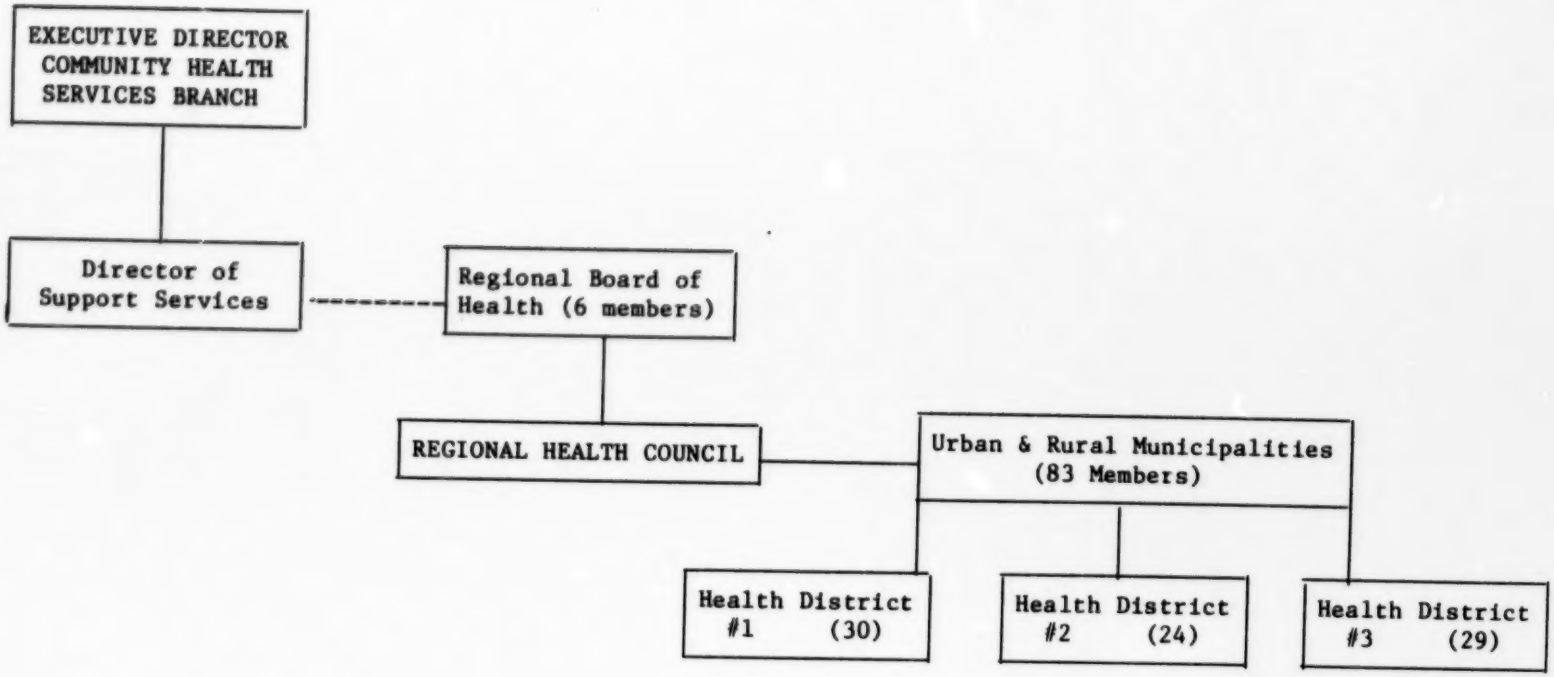
Biggar	*Lorraine Grondin	Springwater	Veril Bourk
Arelee	Dale Sparks	Tessier	Blondal Johnson
Cando	Rosiland Guran	R.M. #316	Bryce McKenzie
Dodsland	Steve Greschner	R.M. #317	Vicki Little
Handel	Steve Fruhstuk	R.M. #318	Ian McLeod
Harris	Peggy Garner	R.M. #319	Irene McIntosh
Herschel	Debbie Rea	R.M. #346	Earl McMahon
Kelfield	Faith Weese	R.M. #347	Earl Danychuk
Kinley	Marion Fowler	R.M. #349	*Betty Bateman
Perdue	Bob Munday	R.M. #376	John Pavloff
Plenty	Maxine Woods	R.M. #377	Jim Darcy
Ruthilda	Brian Shuttle	R.M. #378	Jerry Kirilenko

HEALTH DISTRICT #3

Eatonia	Mary Skjei	Netherhill	Judy Shaver
Eston	Charline Martin	Smiley	Brenda Anderson
Kerrobert	W. D. Johnston	Tramping Lake	Adam Frehlich
Kindersley	Ivy Nokelby	R.M. #259	Alfred Salfi
Luseland	Carol Reiter	R.M. #260	Ken McBride
Alsask	Joe Borschneck	R.M. #261	Raymond Somerville
Brock	*Linda Dagg	R.M. #290	William K. Schmidt
Coleville	Lorne Mathison	R.M. #292	Barry G. Sonmor
Flaxcombe	Vacant	R.M. #320	Maxine Schmidt
Glidden	Lois Haug	R.M. #321	Beverley Kaufman
Loverna	Chester Foss	R.M. #322	J. Albert Whittleton
Madison	Judy Douglas	*R.M. #350	Marjorie Woodley
Major	Louise Kollman	R.M. #351	Laurie Bergen
Mantario	Robert A. May	R.M. #352	Mike Stang
Marengo	Clayton M. Cook		

ROSETOWN REGIONAL BOARD AND COUNCIL

STRUCTURE AND ORGANIZATION



THIS DIAGRAM SHOWS THE THREE HEALTH DISTRICTS WITH THE NUMBER OF THE MUNICIPAL HEALTH REPRESENTATIVES IN EACH. EACH MUNICIPALITY (TOWN, VILLAGE AND R.M.) SELECTS ONE MEMBER FROM THE COUNCIL OR AN INTERESTED COMMUNITY MEMBER TO BE THEIR MUNICIPAL HEALTH REPRESENTATIVE. THE REGIONAL BOARD MEMBERS ARE ELECTED AT THE ANNUAL MEETING FOR A THREE-YEAR TERM. THE TERM OF OFFICE TO THE BOARD IS STAGGERED SO THAT TWO MEMBERS ARE ELECTED EACH YEAR.

MEDICAL HEALTH OFFICER'S REPORT

In general, there were more communicable diseases reported this year than last.

Measles. The measles outbreak continued from 1986 into the spring of 1987, waning by summer. Fifty-seven cases were reported. Since the measles vaccine has a 5-10% failure rate, many of the children getting measles had the vaccine. However, since most children in each community are immune, measles only afflicted a small portion of the children who otherwise would become ill.

Dr. Paul Schnee

Chickenpox was prevalent throughout the year.

Diarrheal Illnesses - Campylobacter, giardiasis, and salmonella were increased this year. They are all characterised by diarrhea and spread by food, water and milk.

A case of typhoid occurred in a traveller.

Lice occurred in school children more frequently this year.

Infectious mononucleosis - eleven cases were diagnosed in the usual age group (late teens and twenties).

COMMUNICABLE DISEASES REPORTED

	1984/85	1985/86	1986/87	1987/88
Campylobacter	0	5	5	12
Chickenpox	0	19	48	47
Diphtheria Cases	0	0	0	0
Food Poisoning	0	0	0	0
Gastroenteritis (E. Coli)	10	0	6	2
Giardiasis	7	0	4	25
Hepatitis A	8	1	3	0
Hepatitis B - Cases/Carriers	1	3	4	3
Measles (Rubeola)	0	1	48	57
Meningitis/Encephalitis (Total)	11	2	3	9
- Haemophilus	0	0	2	1
- Pneumococcal	0	0	0	2
- Other Bacterial	0	2	1	4
- Viral	0	0	1	0
Meningococcus	0	0	1	0
Mononucleosis (Infectious)	0	0	0	12
Mumps	0	0	0	2
Pertussis (Whooping Cough)	2	1	0	1
Rubella	0	0	12	4
Salmonellosis	4	4	8	16
Shigellosis (Bacilliary Dysentery)	4	0	1	1
Typhoid	0	0	0	1

PUBLIC HEALTH NURSING REPORT

This year has been a difficult year for all nursing staff. The Public Health Nurse II position was vacant and therefore deleted. We were decreased from 10 to 9 Public Health Nurse I positions in November, 1987. In addition to supervision of nursing staff, I was assigned the duties of Officer-in-Charge upon the resignation of Bea Wichert on May 31. This lasted until the appointment of Lloyd Onishenko as Director of Support Services in January, 1988. This was an interesting experience but it reduced the time I was able to spend with the nursing staff.

Jean Porter

Developing and evaluation of Preschool Core Programs continued this year with minor changes to the recording system for Child Health Clinics and the beginning of an evaluation of the Denver Development Screening Test. An in-service review of the Denver Development Screening Test was given and proficiency testing was carried out by observing each nurse at Child Health Clinic to ensure all Public Health Nurses were conducting and recording the Denver Development Screening Test in the same manner.

Child Health Clinic attendance continues to be very good. The nurses adapt the Child Health Clinic appointment as required to make the best use of nursing time. The figure of 5,803 potential appointments is an "outside" one and appears high because the nurse could theoretically be present for an entire day if needed but in fact is not. For example, the potential appointments might be 12 but the nurse only has 6 appointments scheduled in the morning. She does not remain at the clinic but visits a school or makes home visits. There is still a problem with people not showing up for appointments. This causes a considerable loss of nursing time. We are having people phoned to remind them if at all possible. Despite this we still have 462 appointments not kept which amounts to 231 clinic hours or 28 days. This does not include those who cancel at the last minute, leaving no opportunity to fill the appointment.

Prenatal collection of statistics was changed this year. The new figures give us a more accurate picture of actual numbers attending and at which classes. The new manual is appreciated by the staff. We have had to increase maximum number of couples allowed at a class as well as cancel sessions where registration is too low in an effort to make the best use of nursing time.

Field experience was arranged for an extern at Rosetown Union Hospital. She was very interested in our services.

The Saskatchewan Aids to Independent Living program was changed this year to the supply of respiratory equipment only. This equipment is now issued from the regional office which has increased the work load for nursing initially. As the program evolves some of the work is now done by clerical staff, however, the nurse in charge of the depot gets a lot of questions and processes the requisitions which are frequently incomplete.

Mobility aids are now available through the Saskatchewan Abilities Council. Public Health Nurses are still involved in ordering equipment for people who do not receive Home Care.

Facilities for Child Health Clinics were made available in Dinsmore at the new special care facility; also a room for the Public Health Nurse was included in renovations at Westberry School in Kindersley. We are very grateful for this.

The media attention to the problem of reactions to the pertussis component of D.P.T. always creates a lot of concern among parents. Nurses spend a lot of time answering questions and giving information to parents to help them decide about immunization.

The "Discover Health" Seminar was cancelled for the year because of shortage of staff.

All nursing staff were involved in providing coverage when others were on leaves for maternity, sickness and education. With no Public Health Nurse II in the region, the nurses in Rosetown were assigned duties which I could not carry out due to the responsibility of Officer-in-Charge. I would like to commend the nursing staff for the way in which they accepted the additional work load resulting from the reduction of Public Health Nurse I positions and the staff vacancies. Their cooperation has made my work easier in very trying circumstances.

PUBLIC HEALTH NURSING SELECTED STATISTICS

	1985/86	1986/87	1987/88
Nursing Days	1907	2032	2008
Home Visits Made	1472	1508	1536
Prenatal Program			
Home Visits	112	77	82
Other Interviews/Contacts	137	125	118
Prenatal Classes Held	120	157	106
Total Mothers Attending	---	---	187
Total Fathers Attending	---	---	172
Postnatal Program			
Home Visits Made Within 30 Days of Delivery	642	643	521
Other Interviews/Contacts	119	149	117
Child Health Centres			
Child Health Centres in Operation	22	22	22
*No. of CHC Appointments Available	---	5641	5803
No. of CHC Appointments Made	---	5351	4981
No. of CHC Appointments Kept	---	4914	4519
No. of CHC Appointments Not Kept	---	461	462
Total Attendance of Infants at CHC	2447	Not Available	2094
Total Attendance of Preschool at CHC (13 Month - School Entry)	3243	Not Available	2687
Total Number of Children Seen at CHC for appointments	5690	4914	4781
Total Number of Visits (for second) screenings or immunization only)	---	Not Available	436
School Health Services			
Total School Enrollment	8086	8052	8012
Teacher/Nurse Conference re: Program	255	260	161
Teacher/Nurse Conference re: Student	242	314	190
Students Inspected - Basic	19	228	169
- Rapid	341	1332	1683
- Follow-up	1046	2031	1207
School Presentations	78	86	125
Student Attendance	---	2469	3815
Students Discussed with Parents	---	452	330

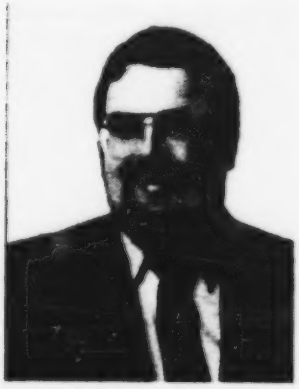
*Based on average yearly births of 674 the minimum potential number of appointments required for the year would be 4718. Each child must come at least 7 times to receive the services recommended. Additional appointments are needed for other reasons and to allow some flexibility for parents.

Miscellaneous Services	1985/86	1986/87	1987/88
Home Visits to Adults Over 65	194	293	208
Home Visits to Mentally Ill	6	3	5
Home Visits to Physically Handicapped	49	37	28
Home Visits to Mentally Handicapped	7	13	7
Total Official Visits (Doctors, Dentists, Social Worker, etc.)	761	992	745
Group Education and Meetings Attended (Other than in School)	109	119	107
Immunization			
Infants (0-1 year)			
D.P.T. or D.T. - 3 doses given	706	676	614
Oral Polio Vaccine (O.P.V.) - 3 doses	705	688	610
Children (1-7 years)			
D.P.T. or D.T. - 3 doses	39	29	26
Oral Polio Vaccine (O.P.V.) - 3 doses	---	31	35
Mumps, Measles & Rubella (M.M.R.)	741	706	664
Reinforcement Doses D.P.T. or D.T.	1680	1375	1195
Reinforcement Doses O.P.V.	1664	1354	1209
Children (7 years to School Leaving)			
Reinforcement Dose of T.d.	543	**1104	513
Reinforcement Dose of O.P.V.	531	1084	526
Mumps, Measles & Rubella (M.M.R.)	21	15	16
Mumps	22	8	3
Rubella	217	228	214
Adult			
Total Immunizations	179	60	103

**Two age groups were done this year, 14 year olds and 15 year olds, to get in line with the new program of giving reinforcement doses at 4 years and 14 years.

SENIOR PUBLIC HEALTH INSPECTOR'S REPORT

Public Health Inspectors as part of the Health Prevention Team have the objective of safeguarding the health of the public from physical, chemical and biological hazards. Services conducted by the inspectors are many and vary from educational programs to complaint investigations, consultations and facility inspections to enforcement of regulations under the Public Health Act.



Bill Wright

Our Region was relatively lucky, as far as Public Health Inspection staffing was concerned until late in the 1987/88 year. At that time we saw a change in the Senior Public Health Inspector position with Mr. John Johnson moving to North Battleford as Senior and Mr. Bill Wright being appointed Senior for Rosetown and Saskatoon Health Regions with headquarters in Saskatoon. Further staff changes have seen Mr. Dave Smith working one week in our Region and one week in Regina as a Public Health Inspector Consultant. Effective April 1, 1988, Mr. Terry Gibson has been transferred to Saskatoon Rural Health Region with headquarters in Humboldt.

During the past year the staff completed a very successful Rabies Information Program in the schools with approximately 30 schools being visited and 4500 children talked to.

I wish to take this opportunity to thank the inspectors - Ron Belak of Biggar and Terry Gibson of Humboldt for the excellent work they have done over the past year. Dave Smith, Public Health Inspector II has been invaluable in his assistance in helping orientate me to this Region and has a vast knowledge of the Regions strengths and weaknesses. The contributions and assistance from the clerical staff is also appreciated.

In order to compare this year's activities with others I have included a side-by-side comparison of figures for the past three years.

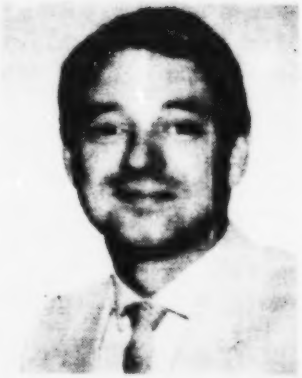
PUBLIC HEALTH INSPECTION SELECTED STATISTICS

	Field Visits			Formal Inspections		
	85-86	86-87	87-88	85-86	86-87	87-88
Public Eating Establishments	295	385	428	204	284	238
Food Processing and Distribution	90	115	174	83	75	98
Liquor Outlets	91	99	74	50	35	59
Communal Water Supplies	3	0	3	0	0	0
Private Water Supplies	14	20	39	0	0	0
Public Water Supplies	13	8	17	34	14	13
Private Sewerage Systems	13	7	16	0	0	0
Public Sewerage Systems	4	0	3	0	0	0
Hospitals	5	12	10	4	15	12
Schools and Institutions	14	16	23	16	17	10
Housing	49	45	32	0	0	0
Trailer and Mobile Home Courts	22	11	4	8	5	9
Hotels and Motels	65	71	46	57	55	55
Industrial Facilities	0	7	3	0	0	0
Swimming Pools	71	95	75	25	13	23
Agricultural Facilities	11	15	12	0	0	0
Recreational Facilities	64	52	61	23	13	21
Public Facilities	1	4	6	0	0	0
Plumbing	371	295	256	0	0	0
Investigations	15	38	46	0	0	0
TOTALS	1256	1342	1405	504	526	538
				% of time spent		
				32%	34%	40%

	Field Visits					
	85-86	86-87	87-88			
General Services (In Hours)						
Travel	871	916	878			
Meetings	266	276	222			
Surveys	0	1	0			
Monitoring	17	10	16			
Training Courses	123	113	119			
Other	137	182	105			
				% of time spent		
TOTALS	1414	1498	1340	26%	27%	25%
Other Services (In Hours)						
Projects	111	65	40			
Staff Meetings	154	125	119			
Staff Development	394	295	161			
General Administration	1630	1742	1561			
				% of time spent		
TOTALS	2289	2227	1881	42%	39%	35%

CHIROPODY PROGRAM REPORT

Well, yet another year has passed in this quaint prairie community! Chiropody wise, our workload has been busy, varied and interesting.



Dr. Nicholas Perry

In-services and presentations have been given to all requesting parties. All Special Care Homes, Diabetic Associations and Senior Citizens Groups have received presentations, as well as, many others too numerous to mention, including regular radio talks on the CJYM Radio Network in Rosetown.

Our caseload has slowly increased in all clinics, and our Satellite Clinics in Kindersley and Biggar are now visited three days per month. In March 1987, we began supplying clinical coverage to the Saskatoon Chiropody Clinic in order to reduce their waiting list. When we commenced duties, there was a waiting list of 396 and in 11 months, we have significantly reduced this number to zero. We now visit Saskatoon four times a month and have our own patient caseload there.

Any person who has foot problems and who may benefit from services of a Chiropodist, may receive such services upon referral from a Physician, Public Health Nurse, or Home Care Nursing Co-ordinator. Any resident of Saskatchewan, who has a valid health services card will be eligible to receive professional services at no charge. Where orthotics or special footwear modifications will be required, these will be the individual's responsibility.

The practice of Chiropody deals with the diagnosis and treatment of diseases, injuries, and defects of the human foot by medical, mechanical and minor surgical means. This included the physical examination of the lower extremities alone and in relation to the rest of the body. Foot diseases are treated in many ways including, physical therapy, minor surgery and application of medication.

Scope of practice involves treatment of callosities, corns, pressure keratoses, conditions such as thickened nails, neglected nails, ingrown nails, fungal infections of the nails and/or skin, plantar warts, diabetic ulcers, structural and mechanical problems and injuries to the foot.

I do hope that during the coming fiscal year, much more use of our services is made to ensure the continuance of the Chiropody Program within this Health Region.

In conclusion, I would like to say that I have very much enjoyed my work as a Chiropodist throughout the past three years within this Health Region.

I have especially enjoyed a close and cordial working relationship with all persons I have come in contact with during the deliverance of my daily duties, and I would like to say a big "Thank You" to all of them too numerous to mention.

Lastly, I would like to thank all the staff of the Community Health Services Office for their support and hard work in the effective delivery of the Chiropody Program, especially and most sincerely, my Assistant, Sydney Steer, without whose valuable help and guidance - at times, could not have made any of this possible.

LOCATIONS OF CHIROPODY CLINICS IN THE ROSETOWN HEALTH REGION

ROSETOWN: 2nd Floor, Provincial Building,
122 - 2nd Avenue West,
Rosetown, Saskatchewan S0L 2V0.
Telephone: (306) 882-2633

KINDERSLEY: 117 - 3rd Avenue East,
Box 160
Kindersley, Saskatchewan S0L 1S0.
Telephone: (306) 463-6538
1st, 3rd, and 4th Wednesdays.

BIGGAR: Biggar Union Hospital,
Box 218,
Biggar, Saskatchewan S0K 0M0.
Telephone: (306) 948-3357
1st, 2nd and 3rd Mondays.

SASKATOON is also covered by the Chiropodist from Rosetown Health Region, four days a month.

Saskatoon Chiropody Clinic,
9th Floor, Sturdy-Stone Building,
122 - 3rd Avenue North,
Saskatoon, Saskatchewan S7K 2H6.
Telephone: (306) 933-6250
2nd Tuesday and Wednesday and 4th Thursday and Friday of a month.
(These days are scheduled for Saskatoon and District patients only.)

CHIROPODY STATISTICS

CATEGORY OF PATIENTS BY LOCATION

LOCATION: ROSETOWN

	CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4	TOTAL
	556	65	305	424	1,350
% of Total	41.2%	4.8%	22.6%	31.4%	100%

LOCATION: KINDERSLEY

	CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4	TOTAL
	227	26	140	115	508
% of Total	44.7%	5.1%	27.6%	22.6%	100%

LOCATION: BIGGAR

	CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4	TOTAL
	205	23	154	105	487
% of Total	42.1%	4.7%	31.6%	21.6%	100%

LOCATION: SASKATOON

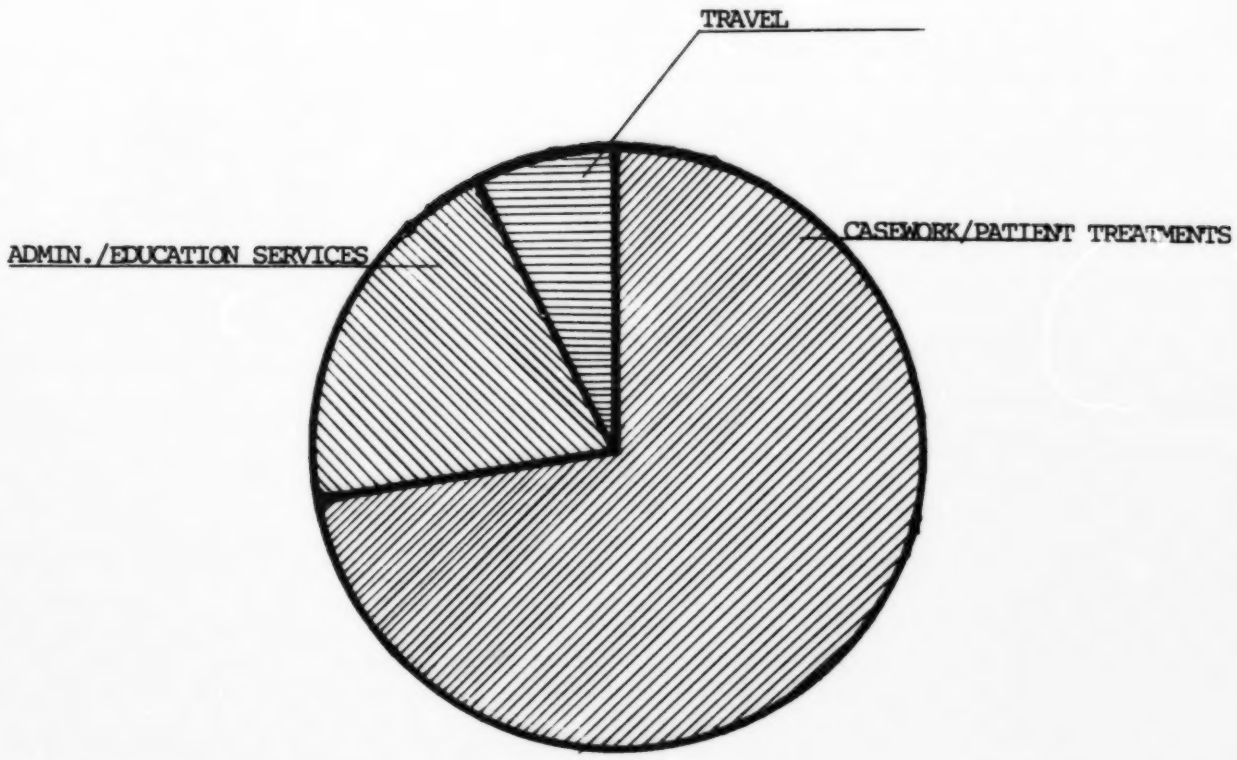
	CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4	TOTAL
	202	48	269	374	893
% of Total	22.6%	5.4%	30.1%	41.9%	100%

GRAND TOTAL

	CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4	TOTAL
	1190	162	868	1018	3,238
% of Total	36.8%	5.0%	26.8%	31.4%	100%

DEFINITIONS: CATEGORY 1: Medically at Risk Elderly (65+)
2: Medically at Risk General Population
3: Well Elderly (65+)
4: Well General Population

CHIROPODY ANNUAL ACTIVITY REPORT BREAKDOWN



	Hours	Percentage
Casework/Patient Treatments	1157	73.8%
Admin./Education Services	262.75	16.7%
Travel	149.25	9.5%
TOTAL	1569	100%

DENTAL HEALTH EDUCATION PROGRAM REPORT

A dental health education program was implemented in the fall of 1987 and is the most recent component of the community based health care service provided by Saskatchewan Health. The program is delivered by eighteen dental health educators who have expertise in oral health.

Cynthia Ostafie

A summary of the dental program for the school is outlined:

The Dental Health Educator will talk to all Kindergarten, Grade 1, 3 and 4 students in the 1987-88 school year. There will be a classroom presentation discussing plaque and demonstrating proper brushing and flossing techniques necessary for daily plaque removal. The process of tooth eruptions and primary tooth loss, as well as the role of high sugar foods in the diet would be discussed. A second presentation would follow for Kindergarten and Grade 1. This second presentation would reinforce good brushing and flossing techniques as well as good nutrition for good oral and general health.

This year 46 schools were visited within the Rosetown Health Region. Approximately 3063 students participated in the first classroom dental presentation in the Kindergarten, Grade 1, 3 and 4 age groups.

Toothbrushes, floss samples and pamphlets were left with the participating students.

Resource materials are provided to those teachers involved, as well as to others on request.

The schools have been very accommodating and it seems the new program is being readily accepted. The general outlook was very favorable of the fact the children are receiving the educational aspect of dental health in the schools.

FLUORIDE MOUTHRINSE PROGRAM

The Dental Health Educators are also responsible for maintaining any existing school based fluoride mouthrinse programs. Fresh supplies were ordered for the schools involved.

The rinses provide the children with additional fluoride protection against tooth decay. Frequent fluoride mouthrinses have been proven effective in preventing the incidence of dental decay by as much as 40%.

Currently, there are 10 schools in the Rosetown Health Region participating:

School	No. of Participants
Harris	125
Nova Wood in Biggar Woodrow Lloyd in Biggar	262
Goldenview Colony	10
St. Gabriel in Biggar	226
Wordshop Christian in D'Arcy	7
Perdue	130
Macrorie	80
Kyle Colony	10
Springwater Colony	13
TOTAL	863

Those schools considered at "high risk" of dental decay were encouraged to continue participation along with the help of volunteers.

PRESCHOOL DENTAL HEALTH KIT

A preschool dental health kit is available for all day-care and preschool centres upon request. This self-contained kit consists of dental story books, a large tooth model and a large toothbrush, a teacher's guide to dental health and posters. Each child receives a toothbrush and a coloring picture.

The preschool centres were notified by letter of the availability of the kit. The kit is then circulated within the region upon request.

Currently, 15 preschools have borrowed the kit with 260 preschool children participating.

DENTAL HEALTH MONTH

April was Dental Health month where various activities were planned. Dental displays were set up at 5 local libraries - Biggar, Kerrobert, Kindersley, Outlook and Rosetown. These displays were left for the entire month for public viewing. There were also three mall/store displays where each Dental Health Educator set up for the day. The purpose of the displays was to raise the general public's awareness of the role of a Dental Health Educator along with providing dental information. These locales were Rosetown, Kindersley and Outlook.

COMMUNICATIONS

Two school newsletter articles were submitted: "Sugar and Dental Decay" and "Dental Injuries".

Radio spots on CJYM where five articles were submitted on "Health Talk":

- Fluoride Facts
- Nursing Bottle Syndrome
- The Saskatchewan Children's Dental Program
- Diet and Dental Health
- Dental Injuries

Municipal Health Representative and Regional Board Meetings were attended in Rosetown.

I found this year to be very full and busy. I would like to thank Jean Porter and all the staff at Rosetown and the other District Health Offices for their support and for making my first year an enjoyable one.

EARLY CHILDHOOD PSYCHOLOGIST'S REPORT

Forty percent of my time is spent in the Rosetown Health Region, while the remainder of time is spent in the Saskatoon Rural Region. Children seen are birth to five years of age for a variety of problems. Work this year was in six areas: case-work, consultation, public education, professional development, research, and administration.

Cameron Barr

Casework - This aspect comprises about 55% of my time and involves assessments, counselling, report writing, programming and other aspects related to a child. The average caseload per month was 60 children. Most referrals received were from the Public Health Nurses (94%) followed by the Speech Language Pathologist (3%) and parents (3%).

Most referrals were for other developmental problems not identified in screening (39%), followed by the Denver Developmental Screening Test referrals (32%), behaviour (26%), and multiple (3%). A total of 76 children from the region were seen this year. Please refer to the chart for further information.

Consultation - This aspect involves information sharing with professionals and agencies in regard to child growth and development. The West Central, Prairie Hills, and Alvin Buckwold Early Childhood Intervention Programs operate in this region and I sit on committees for all three. The Provincial Early Childhood Intervention Program Council functions as an umbrella group for all Early Childhood Intervention Programs in the province and I act as the representative for Health.

Consultation occurs with other staff members through the Early Childhood Case Conferences. I have also consulted with Mental Health, Social Services, and physicians in the Region.

Public Education - This involves informing the public on issues of children's growth and development. In March a preschool tour for approximately 80 children took place at the Rosetown office. I participated by talking with children about going to school. Handouts were given to parents about school readiness. In addition to the tour, newspaper articles were written and distributed plus radio spots on child development were re-broadcast.

Professional Development - This aspect is to maintain and upgrade professional skills. Workshops were attended on children's drawings and family therapy.

Research - Research is carried out regarding the clinical and preventative aspects of the program. The Denver Developmental Screening Test evaluation began on January 1, 1988 and will continue until June 30, 1988. The psychologists were involved in the inservices conducted for the nurses prior to the start of the project and currently collect the data during the project.

Administration - This is the work done at regional and branch level related to the services provided. Meetings were attended such as the quarterly Early Childhood Psychology business meetings and regional program staff meetings.

I appreciate the support of the Board and Health Region staff and look forward to the coming year.

EARLY CHILDHOOD PSYCHOLOGY STATISTICS

Average Monthly Caseload		60	
Number of New Referrals		31	
Referral sources:	Public Health Nurse	29	(94%)
	Speech Language Pathologist	1	(3%)
	Parents	1	(3%)
Presenting Problems (New Referrals)			
	DDST	10	(32%)
	Other Developmental	12	(39%)
	Behaviour	8	(26%)
	Multiple	1	(3%)
Total Number of Children Seen		76	

PUBLIC HEALTH NUTRITIONIST PROGRAM REPORT

Nutrition services for Saskatoon and Rosetown are now being provided from the shared nutrition position headquartered in Saskatoon. This became effective as of October 27, 1987, the date that coincided with my transfer from the Yorkton Health Region. Initial orientation to these two health regions was done in November and December. Community assessment information was compiled for the purpose of initiating program planning. Review of available nutrition materials and resources was also done in order to establish requirements for this reorganized position.

Johanna Bergerman

Priorities

Nutritional support of the mother and child is the primary focus of nutrition services. A special emphasis is placed on the importance of optimal intakes during pregnancy, lactation and reproductive recovery. Promoting support of unrestrictive breastfeeding and appropriate introduction of solids is the focus of nutrition inservice to other health professionals. An information package on breastfeeding was developed over the past year and has been distributed through the public health nurse. Contact with the Maternal and Child Health interagency group here in Saskatoon has been established. This contact will be helpful in promoting this package to the hospitals.

The family with young children is the primary target group for nutrition services such as screening, nutritional assessment and counselling. Consultation is provided to public health nurses as well as other health professionals on individual cases.

The importance of good nutrition in the prevention of disease is the focus of the Healthy Weights for Canadians promotion that was begun this March. The Canadian Dietetic Association launched this promotion campaign through its annual Nutrition Month promotion. The campaign is aimed at 20 to 50 year old adults. It is intended to modify Canadian's attitudes and behavior to weight - namely that women tend to be too thin and want to be thinner, and men tend to carry abdominal weight which they tend to ignore - both conditions which carry physical risks to good health. We are presently waiting for the federal government's release of the information compiled on Healthy Weights for Canadians, along with further strategies to promote across Canada.

Nutrition education workshops for teachers teaching grades kindergarten to six are now being actively promoted. These workshops are based on materials designed and provided by the Dairy Foundation. An overview of these workshops was presented to the dental educators for these and surrounding health regions in February.

To increase awareness of these two programs, Healthy Weights and Nutrition Education Workshops for Teachers, I have designed two information brochures. These brochures are being distributed in a variety of ways - to schools, libraries, hospitals, tops clubs and through the dental health educators as they visit individual classrooms.

Nutrition columns continue to be written and distributed to the local newspapers. Health topics continue to be typed for the local radio station in Rosetown.

I would like to take this opportunity to thank the staff in both health regions for the kindness shown to me as I worked to become familiar with this new position. I am looking forward with pleasure to the coming year and anticipate a productive 1988.

PUBLIC HEALTH NUTRITION STATISTICS

March 1987 - April 1988

		Attendance
Group Meetings:		
Prenatal classes		
School students		
Public Health staff	4	45
Health professionals	5	19
Community layleaders	1	10
Parents		
Consumers	1	16
Seniors		
Preschoolers		
TOTALS	14	180

Consultative Services:

Group:	
Health Region staff/Health Professionals	60
Public	22
Education personnel	67
Community agencies and associations	43
Other	25
Individuals: Counselled	13
TOTALS	230

COMMUNITY THERAPY PROGRAM REPORT

The Community Therapy program is now in its second year as a branch of Community Health Services.

The Community Therapy program provides physiotherapy and occupational therapy services to rural residents. The program emphasizes a community focus. Services are provided in a hospital-based setting to both inpatients and outpatients. Also serviced are nursing homes, schools, public health clients, home care and other community related agencies. Services are provided following a referral made by the patient's physician.

Lee Hall

This past year has shown good physician utilization from all centers being covered. The doctors within each area provide referrals as well are readily available to discuss patient progress treatment. The physicians and the whole community, seem to be very receptive and appreciative of the physio services provided.

There has been a major focus within the area on inservice education during the past year. A series of monthly inservices were held at the Kerrobert Union Hospital. This encompassed staff from surrounding communities, from home care, nursing homes and hospitals. Some of the topics covered were positioning for specific conditions, back care, lifting and transferring techniques and passive and active range of motion. With this new knowledge the staff hoped to provide a more comprehensive treatment. The inservices were well received and staff are anxious to have another series of inservices in the coming year.

Diamond Lodge Nursing Home in Biggar received a day-long workshop this spring. In conjunction with the occupational therapist from Lloydminster, we covered a wide array of topics dealing with patient care. Registered Nurses and Certified Nursing Assistants from Biggar and Rosetown attended. This group is also anxious for repeat workshops in the future.

Community therapy also assisted with a televised day-long workshop through STELLA (Saskatchewan Tele-Learning Association). This was organized in conjunction with Kelsey Institute and the Community Therapists throughout the province. The program reached approximately 450 people who otherwise would not have had access to such a comprehensive workshop.

Rosetown has also received a portion of services since late fall. This, in part, was due to the absence of a referring physician from Kerrobert resulting in some extra time being available for Rosetown.

Some service was provided to the nursing wing and nursing home but the bulk was given to Home Care. Over the past several months time has been

spent in teaching Registered Nurses and Certified Nursing Assistants within the Home Care field in physio techniques and treatment. These are in response to specialized patient needs within that area. The time has proven to be well spent as Home Care is carrying on the program diligently.

As you can see the past year has really shown the true picture of a community physiotherapist. All primary elements of the program are covered - through treatment, consultation and education.

I hope during the past year I have fulfilled my objective of improving function and quality of life for my patients, and helped them attain their highest level of independence.

I know it has been an interesting and challenging year for me and I would like to thank the staff and people within my communities. Without your support and trust the community therapy program would not be such a success. I am looking forward to a challenging and rewarding coming year.

SPEECH LANGUAGE PATHOLOGIST'S STATISTICS

	1986-87	1987-88
Public Health Nurse - referral from 3-year screen	58	40
- all other PHN referrals	36	15
Early Childhood Psychologist	4	6
Physicians	3	3
Saskatchewan Hearing Aid Plan (S.H.A.P.)	0	0
Parent	2	0
Other (includes other Speech Language Pathologists, Early Childhood Intervention Programs, Hospitals, etc.)	9	2
TOTAL REFERRALS - ALL SOURCES	112	66

Caseload - End of March 1988: Preschool - 115 (90%)

Adults - 13 (10%)

PLEASE NOTE: Speech Language Pathology position has been vacant since August 21, 1987.

COVERED POPULATION AS AT JUNE 30, 1987

BY AGE, GROUP AND SEX

	MALE	FEMALE	TOTAL
Under 1	334	329	663
1 - 4	1,475	1,435	2,910
5 - 14	3,420	3,109	6,529
15 - 24	3,247	2,819	6,066
25 - 64	9,877	9,236	19,113
65 - 74	1,856	1,907	3,763
75+	948	1,337	2,285
TOTAL	21,157	20,172	41,329

HEALTH REGION STATISTICS

VITAL STATISTICS

BIRTHS	DEATHS	INFANT DEATHS	NEONATAL DEATHS	PERINATAL DEATHS	STILL BIRTHS	INFANT DEATH RATE	PERINATAL DEATH RATE
679	301	8	2	3	1	11.78	4.41

NUMBER OF BIRTHS OCCURRING IN ROSETOWN HEALTH REGION IN 1987
BY MOTHER'S AGE AND MARITAL STATUS

	TOTAL	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45+
Total	679	0	30	178	283	135	46	7	0
Married	600	0	9	147	261	132	44	7	0
Other	79	0	21	31	22	3	2	0	0

1987 DEATHS OF HEALTH REGION #7 RESIDENTS

CAUSES OF DEATH	TOTAL	M	F	AGE <15	AGES 15-64	AGES 65+
All Causes of Death	301	154	147	10	39	252
Other Bacterial & Viral Diseases	3	1	2	0	0	3
Cancer	72	42	30	1	13	58
Endocrine & Metabolic Diseases	11	3	8	0	1	10
Diseases of Blood/Forming Organs	2	1	1	0	0	2
Mental Disorders	2	1	1	0	0	2
Diseases of the Nervous System	5	4	1	1	1	3
Diseases of Heart & Blood Vessels	128	61	67	0	7	121
Other Diseases of Respiratory System	29	16	13	1	2	26
Diseases of Other Systems	21	10	11	2	1	18
Congenital Anomalies	3	1	2	3	0	0
Conditions in Perinatal Period	1	0	1	1	0	0
Transport Accidents	11	6	5	1	8	2
Accidental Poisoning	1	0	1	0	1	0
Accidental Falls	6	2	4	0	0	6
Other Accidents, Late Effects	2	2	0	0	2	0
Suicide & Self-Inflicted Injury	3	3	0	0	2	1
Other Violence	1	1	0	0	1	0

APPRECIATION

TO THE MEDIA:

The Rosetown Regional Board of Health and staff of Rosetown Health Region #7 express sincere thanks to the Radio Stations and Weekly Newspapers for publicizing our public health programs.

Radio Stations:	CJYM in Rosetown
	CFQC in Saskatoon
Weekly Newspapers:	The Rosetown Eagle
	The Kindersley Clarion
	The Kerrobert Citizen
	The Outlook
	The Elrose Review
	The Eston Press
	The Biggar Independent

TO VOLUNTEERS:

Health Region staff extend a warm thank you to all volunteers, and everyone who assisted us in any way to carry out our public health programs.